

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILENUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEEINFOR	MATION		
. Full name of committee (as on Statement of Organization) Check if this is a new name	е		
GREGORY L. CALDWELL	Oversion or Osight	nominal lengths furnish	, and taken to the same of the
. Acronym or abbreviated name, if any	3. Committee tele		100
Mailtean address (and the second seco	(317	1 / 0	880
4. Mailing address (address where all campaign finance correspondence is received)	theck if this is a new a	doress	schipping any attached ecre
i. City, state, ZIP code	6. Party affiliation	(if applicable)	Massuplana na chi
NOBLESVILLE IN 46060		EPUBLICA.	10
CANDIDATE INFORMATION (For Car			
Full name of candidate (include any nickname) CRECORY L. CALDWELL (CREC		EPUBLICAN	
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res	1 1	WANDE BUT AND Y W.
NOBLES VILLE CITY JUDGE		HAMILTON	TATA Below the comments
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
1. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "3",	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization) Reporting pendd:		COLUMN A	COLUMN B
Feedback Common will come at \$1,00000 L00000 word arrain malabaches (seedbacks)	2003	This Period	Year to Date
Cash on hand and investments at the beginning of this reporting period.	400/		
4. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash co-	ntributions.)		
15a. Itemized (use Schedule A)	etablonso adi -	599.96	599.96
15b. Unitemized	issablbnap and Lu	(10 0)	1-0801
15c. Add lines 15a, and 15b in both columns 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	SUBTOTAL	200 01	59956
EXPENDITURES	TOTAL TOTAL		
(Note: These amounts include in-kind expenditures and loan repayments.)	Am middling you		
17a. Itemized (use Schedule 5) (Public Question: use Schedule C)	neamupol na più	599.96	599.96
17b. Unitemized	may laudilog a vid	te reang nou outbecomb emb	didate should following
17c. Add lines 17a and 17b in both columns	SUBTOTAL	599.96	599.96
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both	columns) TOTAL	0	0
19. Debts OWED BY the committee (use Schedule D)	manual ale	0	
20. Debts OWED TO the committee (use Schedule E)	City Council	0	
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TOUE COODERT IND COM Signature on File

CERTIFICATION

WARNING: Any information confained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-1-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-1+1-13) A person who fails to file a complete or accurate records required by the Indiana Campaign Finance Law commits a Class 3 Miscameanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONL'S





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. GREGORY L. CALDWELL 4530 5 9TH ST	Contributions: Direct In-Kind (describe)	+ 599.01	399.96	4-23-03
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Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	PERIOD: 4	IOUNT THIS	oting period. NLUMN 8 C.
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5.	Contributions: Direct In-Kind (describe)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructors on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	E ONLY: Enter (ON THE LAST RAGE ONLY) the local amount by Sheet.	☐ In-Kind (describe)	SCHEDUL Schedule Squee	ces na the TOT PAGES OF redute A. Akto v	TAL OF AL
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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VSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this chedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 7a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and their entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political ormmittees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) IUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING A (street, number, city, state, ZIP)	code)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	P	UBLIC QUESTION INFORMATION		berbs aid you	beau anceo c
Type of Question: Statewide Local Position: Supported Dopposed					ter the last of t been determ ack the upper
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMGUNT	DATE DEBT INCURRED	CUMULATIVE PAID	GUTSTANDING BALANCE THIS
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(CFA-4 SCHEDULE E)

DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP cade)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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